

*The Medicare Prescription Drug, Improvement, and Modernization Act of 2003
(MMA)*

NEW JERSEY

What MMA Means for New Jersey



Medicare modernization is a positive and much needed update to a health care program that helps millions of America's most vulnerable citizens. Medicare must evolve into the 21st Century and provide more choices and better benefits, particularly long-overdue prescription drug coverage, to its beneficiaries. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), as signed by the President on December 8, 2003, makes significant strides in updating the program to make the best use of today's modern health care delivery methods to maximize the benefits for current and future participants. Take a look at how Medicare modernization will affect New Jersey:

Impact of Prescription Drug Provisions

The prescription drug provisions in MMA provide great assistance to Medicare beneficiaries. Under MMA, New Jersey's Medicare beneficiaries will gain the following benefits:

- MMA provides all of the approximately 1.2 million beneficiaries in New Jersey with access to a Medicare prescription drug benefit – for the first time in the history of the Medicare program – beginning in January 2006.
- Beginning in 2006, MMA will give about 320,00 Medicare beneficiaries in New Jersey access to drug coverage they would not otherwise have and will improve coverage for many more.
- Within six months from December 8, 2003, New Jersey residents will be eligible for Medicare-approved prescription drug discount cards, which will provide them with savings of between 10 and 25 percent off the retail price of most drugs.
- Beneficiaries with incomes of less than 135% of poverty (\$12,569 for individuals and \$16,862 for couples in 2004) who lack prescription drug coverage (including drug coverage under Medicaid) will get up to \$600 in annual assistance to help them afford their medicines, along with the discount card. That's a total of about \$245 million in additional help for more than 200,000 New Jersey residents in 2004 and 2005. This will also provide substantial savings for New Jersey's PAAD program – about 95,000 Medicare beneficiaries enrolled in EPIC will be eligible for the \$600 in annual assistance if they enroll in the drug card, potentially saving the PAAD program approximately \$57 million.

- Beginning in 2006, all of the approximately 1.2 million Medicare beneficiaries living in New Jersey will be eligible to get prescription drug coverage through a Medicare-approved plan. In exchange for a monthly premium of about \$35, seniors who are now paying the full retail price for prescription drugs will be able to cut their drug costs roughly in half. In many cases, they'll save more than 50 percent on what they pay for their prescription medicines.
- 340,000 beneficiaries in New Jersey who have limited savings and low incomes (generally below 135% of poverty, \$12,569 for individuals and \$16,862 for couples in 2004) will qualify for even more generous coverage. They will pay no premium for their prescription drug coverage, and they will be responsible for a nominal co-payment (no more than \$2 for generic drugs or \$5 for brand name drugs).
- About 95,000 additional low-income beneficiaries in New Jersey with limited savings and incomes below 150% of poverty (\$13,965 for individuals and \$18,735 for couples in 2004) will qualify for reduced premiums, a \$50 deductible, 15% coinsurance, and no gaps in coverage.
- Additionally, Medicare, instead of Medicaid, will now assume the prescription drug costs of about 150,000 New Jersey beneficiaries who are dually eligible for both Medicare and Medicaid. These seniors generally will pay \$1 for generic drugs or \$3 for brand name drugs. Seniors in nursing homes will pay nothing. This will save about New Jersey \$760 million over 8 years on prescription drug coverage for its Medicaid population.

Impact on State Pharmacy Assistance Program

New Jersey will gain substantial savings in its PAAD and Senior Gold programs when the prescription drug benefit begins in 2006.

- Of the approximately 280,000 beneficiaries currently enrolled in PAAD and Senior Gold will be eligible for the new prescription drug benefit, and New Jersey will no longer have to spend about \$346 million annually to pay prescription drug costs for Medicare beneficiaries.
- New Jersey could choose to use part of the approximately \$350 million in annual PAAD and Senior Gold savings to provide supplemental prescription drug coverage to the new Medicare Part D benefit for those drug costs not covered by Medicare by purchasing such additional benefits from any qualifying Medicare prescription drug plan, or by providing its own state supplemental benefit program.
- New Jersey could also choose to use its savings to pay any cost sharing that may be required of the beneficiaries' Part D plan.

Impact of Competition

Under MMA, competition will be a two-pronged approach to provide more choices and better benefits. Medicare Advantage plans will operate on a local level similar to Medicare+Choice plans. However, Regional Medicare Advantage plans will be added to provide a more PPO-like option with guaranteed coverage across states.

- This is especially beneficial to states like New Jersey that saw an exodus of Medicare+Choice plans over the past few years.
- Under the Regional Medicare Advantage plan, all rural areas will be included in a regional market, and therefore guaranteed a Medicare Advantage plan option.
- New Jersey currently has five organizations offering Medicare+Choice plans. However, under the model established in MMA, we expect New Jersey to maintain at least two Medicare Advantage plans at the regional level. There may be some additional plans operating at the local level.

Impact on Providers

Under MMA, Inpatient Prospective Payment System (IPPS) rates to hospitals will be adjusted to provide more equitable and appropriate payments for providers nationwide, which will ensure that providers continue to treat Medicare patients and, in turn, will ensure access to care for beneficiaries.

- Specifically, states with rural areas like New Jersey will benefit from the provision in Title IV that equalizes urban and rural standardized payment amounts under the Medicare Hospital IPPS because payment rates for rural hospitals will increase to match the highest payment rate for large urban hospitals.
- Additionally, the percentage of a hospital payment that is adjusted for local wage variations is being decreased to 62%. This benefits rural hospitals that generally have lower local wage levels.
- In New Jersey, these two provisions will add approximately \$6 million for providers.
- MMA also appropriates \$250 million per year for FY 2005-2008 to pay hospitals, doctors, and ambulance services for their otherwise uncompensated costs of providing Federally-required emergency health care to undocumented aliens. Two-thirds of that amount will go to providers located in all 50 states and the District of Columbia, based on each State's percentage of the total number of undocumented aliens. The remaining one-third of the funding will go to providers in the six states with the largest number of undocumented alien apprehensions.

Impact on State Government

As previously noted, MMA will shift the prescription drug expenses for dual eligible Medicaid beneficiaries from the state to the federal government, providing relief to states.

- This shift comes in addition to the fiscal assistance given to states in the Jobs and Growth Tax Relief Reconciliation Act of 2003, which provided a temporary increase in the percentage rate for Federal Medicaid matching funds (FMAP) for five calendar quarters, beginning April 1, 2003 (the current quarter) and ending June 30, 2004.
- For New Jersey, the Jobs and Growth Act will result in a total of \$280 million in FMAP funds for calendar years 2003 and 2004.

Besides the aforementioned fiscal relief, MMA provides a temporary one-year 16% increase in DSH allotments for FY 2004 without regard to the 12% limit. Thereafter, allotments stay at the FY 2004 level subject to the 12% limit until the year in which current law "catches up" with the new proposal's allotments, at which point allotment levels are those of the previous year increased by CPI-U subject to the 12% limit. Allotments for certain extremely low DSH states would be increased by 16% for each of five years FY 2004 through FY 2008 at which point allotment levels would be those for the previous year increased by the CPI-U.

- This adjustment will result in a \$284 million increase in the Federal allotment for New Jersey.

Impact on Medigap Insurance

MMA will also provide a "real" comprehensive prescription drug benefit to the 26,157 beneficiaries in New Jersey who have previously been purchasing a very modest benefit through the only Medigap plans available to them (H, I, and J).

- These individuals will be eligible for the new standard prescription drug benefit available to all Medicare beneficiaries with an actuarial value of \$1,663.
- Of this total amount the Federal government will support 74 percent or \$1,231.

Note: This summary reflects preliminary estimates as of December 8, 2003 and was developed for illustrative purposes only. Not all provisions or impacts were included.